ASHFORD URBAN DISTRICT

A N N U A L R E P O R T

FOR

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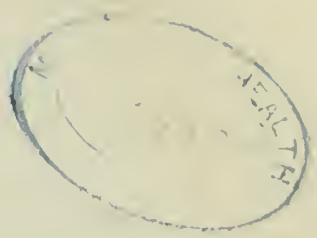

ON THE

HEALTH OF ASHFORD

BY THE

MEDICAL OFFICER OF HEALTH

J. MARSHALL

M.B., Ch.B., D.P.H.

Medical Officer of Health (Ashford Urban District) and
Area Medical Officer (Kent County Council)

PUBLIC HEALTH OFFICERS OF THE

LOCAL AUTHORITY, 1950

Medical Officer of Health (A.U.D.C.) and Area Medical Officer (K.C.C.)

MARSHALL, J., M.B., Ch.B., D.P.H.

Chief Sanitary Inspector.

HARLAND, H.J., Cert.R.S.I., M.S.I.A., M.R.I.P.H.H., Certificated Meat Inspector.

Additional Sanitary Inspector.

HAMMOND, S.F., Cert. S.I.E.J.B., M.S.I.A., Certificated Meat Inspector.

A S H F O R D U R B A N D I S T R I C T

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND CHIEF SANITARY INSPECTOR FOR THE YEAR 1950

To the Chairman and Councillors of the Ashford Urban District.

Mr. Chairman, Ladies and Gentlemen,

I beg to present to you my Annual Report for the year ending 31st December, 1950.

The number of live births was 364 giving a rate of 14.83 per 1,000 estimated mid-year Home Population. The number of live births in 1949 was 351. The steady decline in the number of births since 1947 when the record number of 482 was born has thus not been progressive.

It is very gratifying to record that although the number of live births increased, the number of infant deaths decreased to 4 giving by far the lowest infantile mortality rate viz., 10.99 per 1,000 live births, ever recorded in this District. The average rate since 1939 has been 40, and the lowest rate previously recorded was 20 in 1947, when it rose again to 40 and 42 in 1948 and 1949 respectively. Although the rate ebbs and flows the relatively low rate in 1947 and the disproportionately record low rate in 1950 is convincing evidence that the Health Services to the population are proving their value particularly in the latter decennia of this present Century, when at its beginning the rate was 151. The Infantile Mortality rate has often been stated to be the most sensitive available index with which to assess the living and social conditions of a population. As distinct from the skill and care devoted by Practitioners, Hospital Obstetricians, Medical Officers of Ante-natal Clinics, Midwives and Health Visitors, there are the environmental factors which envelop the infant and influence its mental and physical health. For example, there has been a progressive improvement in housing conditions, which was however unfortunately temporarily arrested by the two great wars when the building of new houses and the clearance of slums were at a standstill. Improvement in sanitation and drainage has progressed at equal pace with that of housing. Few houses in this District are now infested with vermin such as bugs, fleas, rats and mice. Constant warfare is waged against insect vectors of disease of which the most dangerous in this country is the common house-fly. Due to sustained health education propaganda, parents are becoming more conscious of the various influences which cause disease and illness. The Health Services provided gratis to each family have become very comprehensive, and are augmented by the various public-spirited Voluntary Agencies which still have much scope for their welfare activities.

It is also very gratifying to record that there were no deaths amongst mothers due to pregnancy and childbirth. Having regard to the large number of dangerous complications which may beset pregnancy and

childbirth, this result is testimony to the vigilance of all those engaged in the Midwifery Services.

The number of stillbirths was 6, giving a rate of 16.21 per 1,000 live and stillbirths. When registrations of stillbirths was introduced in England and Wales in 1927, it was found that the national rate was 40. The average rate in this District since since 1939 has been 20. One of the most important factors in reducing this rate has been careful ante-natal supervision and skilled attendance at childbirth.

The greatest cause of deaths at all ages was as in successive previous years, Heart Diseases, Vascular lesions of the nervous system and other Circulatory Diseases. The tendency for these deaths to increase, as noted in my report for 1949, was maintained in 1950, the number of deaths for men being 64 and that for women 56, as compared with an annual average of 40 and 41 respectively in previous years.

The number of deaths from Cancer was 52 and as expected was the second chief cause of deaths. The number of deaths from this malignant disease has ranged since 1940 from 40 to 55. The majority of these deaths occur in aged people and as the percentage of men and women aged 65 years and over has increased from 4.7% in 1901 to 10.9% in 1949 per total national population, the number of deaths has accordingly increased. Early diagnosis and treatment would however save many lives. Patients often seek advice when the disease is too advanced for any other than palliative treatment.

There were 7 deaths from Respiratory Tuberculosis, and 11 new cases were notified. As the average number of new cases since 1940 was 19, it is encouraging to note that there has been a definite decline in incidence in 1950, in particular when compared with the number viz. 22 in 1949.

There was one death from Infectious Disease, due to a rare complication of measles viz. Encephalo-myelitis. There was an epidemic of the disease, 311 cases having been notified. It is very difficult to control an outbreak, as the disease, at first resembling a common cold is most infectious during the days preceding the rash when the child is usually not ill and continues to mingle freely with other children at School or elsewhere. The Practitioner is usually not called until the appearance of the typical rash makes the illness obvious to the parents. Adult immune serum and Gamma globulin are available from the County Laboratory and may be used to attenuate or prevent an attack in a child who is in poor health or suffering from concurrent illness.

There were no cases of Diphtheria. Previous to the mass immunisation campaign begun in 1941, there was a persistent annual number of cases and deaths. It is therefore essential that the need for immunisation should be constantly kept before the eyes and ears of parents.

One case of Acute Poliomyelitis (Infantile Paralysis)

was notified the patient being a boy aged 3 years who however recovered without severe crippling defects.

Other subjects of interest are embodied in the report, and in conclusion I should like to thank you for your interest and co-operation in the work of the Department and my staff for their efficient and loyal service.

I am,

Yours obediently,

J. MARSHALL.

SECTION A.

STATISTICAL AND SOCIAL CONDITIONS OF THE DISTRICT FOR 1950

AREA: 5,719 acres.

REGISTRAR-GENERAL'S ESTIMATE OF:

The Resident Population 24,540

NUMBER OF INHABITED HOUSES ACCORDING TO THE RATE BOOKS 7,570

RATEABLE VALUE:- £166,479

SUM REPRESENTED BY A PENNY RATE:- £667

SOCIAL CONDITIONS

Ashford is both an agricultural and an industrial town and a business and shopping centre for the large rural community which surrounds it. It merits importance by containing the largest agricultural market in Kent and by being a railway junction where five lines converge, associated with which is a large Railway Works where the majority of the working classes of the town are employed. There is also a number of other Factories viz. Cycle Works, Underwear Factory, Iron Foundry, Printing Works, Agricultural Repair Shops, Flour Mills, Marine and Industrial Works and an Ordnance Depot.

At present there is little unemployment in this District and in general apart from the shortage of houses, social conditions are fairly satisfactory.

EXTRACTS FROM VITAL STATISTICS

	Total	M.	F.		Ashford Urban District	England and Wales
Live Births	364	187	177	Birth Rate per 1,000 estimated resident population.	14.83	15.8
(a) Legitimate	342	173	169			
(b) Illegitimate	22	14	8			
Stillbirths	6	5	1	Rate per 1,000 total (live and still) births.	16.21	-
(a) Legitimate	5	4	1			
(b) Illegitimate	1	1	-			
Deaths	320	166	154	Death rate per 1,000 resident population	13.04	11.6
Deaths from Puerperal Causes	-	-	-	Rate per 1,000 (live and still) births.	-	0.86
Deaths of Infants under One Year of Age.	4	2	2			
(a) Legitimate	4	2	2			
(b) Illegitimate	-	-	-			
Infant mortality rate per 1,000 live births					10.99	29.8
Rate re legitimate infants					11.40	
Rate re illegitimate infants					-	
Deaths from Cancer (all ages)					52	
Deaths from Measles (all ages)					1	
Deaths from Whooping Cough (all ages)					-	
Deaths from Gastritis, Enteritis and Diarrhoea (all ages)					1	

CAUSES OF DEATH IN ASHFORD URBAN DISTRICT

DURING 1950

		Males	Females
	ALL CAUSES	166	154
1.	Tuberculosis, respiratory	4	3
2.	Tuberculosis, other	-	-
3.	Syphilitic Disease	2	-
4.	Diphtheria	-	-
5.	Whooping Cough	-	-
6.	Meningococcal Infections	-	-
7.	Acute Poliomyelitis	-	-
8.	Measles	1	-
9.	Other Infective and Paralytic Diseases	-	-
10.	Malignant neoplasm, stomach	9	8
11.	Malignant neoplasm, lung, bronchus	3	-
12.	Malignant neoplasm, breast	-	6
13.	Malignant neoplasm, uterus	-	1
14.	Other Malignant and lymphatic neoplasms	11	14
15.	Leukaemia, aleukaemia	-	1
16.	Diabetes	-	2
17.	Vascular lesions of nervous system	25	30
18.	Coronary disease, angina	25	15
19.	Hypertension with heart disease	8	5
20.	Other heart disease	31	36
21.	Other circulatory disease	3	4
22.	Influenza	-	2
23.	Pneumonia	5	4
24.	Bronchitis	12	8
25.	Other diseases of respiratory system	2	-
26.	Ulcer of stomach and duodenum	4	-
27.	Gastritis, enteritis and diarrhoea	-	1
28.	Nephritis and nephrosis	-	-
29.	Hyperplasia of prostate	2	-
30.	Pregnancy, childbirth, abortion	-	-
31.	Congenital malformations	-	1
32.	Other defined and ill-defined diseases	15	10
33.	Motor vehicle accidents	1	-
34.	All other accidents	2	3
35.	Suicide	1	-
36.	Homicide and operations of war	-	-

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE DISTRICT

1. Laboratory Facilities.

The Central Laboratory in County Hall, is the principal laboratory in the County for the Public Health Servic s and also for the Hospital and Practitioner Services where none is provided in the local Hospitals. The service is comprehensive and adequately meets the needs of this District.

2. Ambulance Service.

Although the County Council is responsible for the administration of this service throughout Kent, the St. John Ambulance Brigade is responsible for the day to day execution of the service in Ashford and District, acting as a Voluntary Agency on behalf of the County Council who re-imburse expenditure incurred for the payment of fulltime personnel, of whom there are three driver/attendants, and for the maintenance and garaging of vehicles etc. Other drivers and attendants are drawn from a panel of volunteers who deserve appreciation for their devotion and efficiency. There are four modern ambulances and one sitting-case car.

The Service is efficiently conducted and adequate for the demands made upon it.

3. Hospital Car Service.

This service is also administered by the County Council and executed locally by the District Officer in liaison with the British Red Cross. There is a sufficient number of volunteer drivers who use their own cars for which they are re-imbursed at the rate of 7d. per mile and any subsistence expenses incurred. The Service fulfils a need on behalf of those who require to attend Hospitals and other centres for treatment.

4. Home Nursing and Midwifery Services.

These services are also administered by the County Council. There are six Home Nurse/Midwives on duty in this District, engaged in Midwifery, Maternity Nursing and the nursing of the sick in their homes. The service is efficient, liaison with the Practitioners is satisfactory and it is adequate for the needs of the District, although the nursing of chronic sick patients who should properly be in Hospital throws an added burden upon it.

5. Treatment Centres and Clinics.

All Maternity and Child Welfare, School, and Dental Clinics are administered by the County Council.

The following Clinics are held in Ashford:-

(i) Station Road. This is the Central and chief clinic and is contained in an "ad hoc" building. The outlying clinics are complementary. Sessions are held on Tuesdays and Thursdays of each week from 2-15 p.m.

(ii) Women's Institute Hall, Church Road, North Willesborough.

Sessions are held at 2-15 p.m. on alternate Fridays.

(iii) The Adult School Hall, Gladstone Road, South Willesborough.

Sessions at 2-15 p.m. on Fridays alternating with the North Willesborough Clinic.

(iv) The Women's Institute Hall, Faversham Road, Kennington.

Sessions are held at 2-15 p.m. on alternate Wednesdays.

(v) The Kingsford Memorial Hall, Kingsnorth Road, Ashford.

Sessions at 2-15 p.m. on Wednesdays alternating with Kennington Clinic.

Ante-natal and Post-natal Clinics.

These Clinics are held in the Station Road centre, the former Clinic being held every Monday at 2-15 p.m. with an additional session from 10 a.m. on the 3rd Monday in each month and the latter on the 1st Monday of each month from 10 a.m. by appointment. These Clinics are conducted by a Consultant.

(i) The following five clinics of the School Medical Service are held at 14, Canterbury Road.

(a) Dental Clinic.
(b) Ophthalmic Clinic.
(c) Minor Ailment Clinic.
(d) Speech Therapy Clinic.

(e) Orthopaedic Clinic.

This clinic is now held in Ashford Hospital, is administered by the Regional Hospitals Board and appointments are made by the County Public Health Department on behalf of school-children. It is held on the 1st Thursday of each month at 2 p.m.

(ii) Venereal Diseases Clinics.

This clinic is held at Ashford Hospital on Tuesdays and Fridays at 10 - 11 a.m. for Females and from 11 - 12 noon for Males.

(iii) Tuberculosis Clinic.

At No. 1, Barrow Hill Place weekly on Thursdays from 10 a.m. to 12-30.

(iv) Hospitals

(a) Ashford General. Accommodation - approximately 137 beds.
(b) Willesborough General. Accommodation - 147 beds.
(c) Isolation Hospital. Accommodation - 40 beds.
(d) Grosvenor Sanatorium (Private). Accommodation - 265 beds.

Private Nursing Homes.

There are two of these in the District. One at 37, Albert Road, is registered for three maternity beds, and the other at 260, Hythe Road, is registered for nine aged and infirm patients. Both Homes were inspected throughout the year and found to be well conducted and to be giving satisfactory service.

6. Maternity and Child Welfare Service.

These services are administered by the County Council but for the information of the Urban Councillors the following comments are appropriate.

As mentioned above, there are five Child Welfare Clinics which conveniently serve the mothers of the District, and which are all well attended. The Medical Officers and Health Visitors are ably and devotedly supported by numerous Voluntary Helpers. The value of the Child Welfare Service is reflected in the low infantile mortality rate which was achieved in 1950. It should not be assumed however that the Child Welfare Service is wholly responsible, for Practitioners and Hospital Consultants and Nursing Staff have played an equally valuable part. The following table shows what the causes of deaths were, and it will be noted that each was a neo-natal death, i.e. it occurred within one month of birth.

Months		1	2	3	4	5	6	7	8	9	10	11	12
Atelactasis	1	-	-	-	-	-	-	-	-	-	-	-	-
Prematurity	2	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Heart Disease	1	-	-	-	-	-	-	-	-	-	-	-	-

There were no maternal deaths associated with the 370 births (including still-births). As afore-mentioned this result is highly satisfactory and great credit is due to those Practitioners engaged in Midwifery, to the Midwives and Maternity Nurses who work so well with them as a team, to the Maternity Departments of the Hospitals and the private Maternity Nursing Home. There are now no maternity beds in Ashford Hospital as the unit was transferred to Willesborough Hospital towards the end of 1950. The number of available maternity beds in Willesborough Hospital is now 30.

The Domestic Help Service which is now properly regarded as an essential Health Service proved its worth throughout the year. Every applicant was given assistance. The majority of cases were the aged, infirm and chronic sick, and the others chiefly maternity patients, convalescent patients, and those suffering from various illnesses, as for example respiratory tuberculosis.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. Water Supply

The water supply within the Urban District is provided by two undertakings, viz., by Ashford Urban District Council and by the Mid-Kent Water Company.

The Councils provides the supply for Central and South Ashford and North and South Willesborough, and The Mid-Kent Water Company for Kennington.

Ashford Urban District Council Undertakings.

This supply is obtained from the following three sources.

(i) Westwell

A new gravel-screen bore-hole 160 feet deep was completed in August, 1948. The other two existing bore-holes were also gravel screened at the same time. A softening plant (Clark's Process) is in operation here. The water is pumped by an electrically-driven pump to a covered reservoir (capacity 1,000,000 galls.) at Potter's Corner, from where it enters the supply network. There is a connection between this reservoir and two stand-by reservoirs (280,000 and 36,000 galls. respectively) at Barrow Hill and a connection with the Mid-Kent Water Company's supply at Potter's Corner for emergency use. There is a further connection for emergency use with the Mid-Kent Water Company's supply in the Canterbury Road, at Little Bybrook.

(ii) Henwood.

This supply comes from four wells with interconnecting adits, approximately 40 feet deep. From the electrically driven pumps (with stand-by steam plant) the water is pumped into the supply network and the surplus is diverted into the reservoir at Potter's Corner.

The above two supply the whole of Central and South Ashford.

(iii) Hinxhill.

This water comes from a new bore-hole approximately 200 feet deep, being raised by compressed air into a storage adit. It is then pumped by Reciprocating and

Centrifugal pumps to a covered reservoir at Broomfields (100,000 galls.) from where it enters the supply network for the whole of North and South Willesborough. There is a connection for emergency use with the Central and South Ashford supplies at the Railway Bridge, Hythe Road.

The waters from these three sources are all chlorinated, as an additional measure of safety, though the untreated waters have in successive years been of excellent bacteriological and chemical quality.

Samples

By arrangement with the County Laboratory, 6 quarterly bacteriological samples are taken, 2 from each of the three sources. Also three samples for chemical analysis were taken half-yearly at the three sources.

Two of the bacteriological samples were unsatisfactory, due to the entrance of organic material containing B.coli into one of the covered reservoirs. The cause of the contamination was found and removed. All the other samples were highly satisfactory and entitled the water to be graded as Class 1 Waters.

Examination of Samples Taken During the Year.

	Bacteriological No.	Results	Chemical No.	Results
Raw Water	3	Satisfactory	-	-
Treated Water	31	29 Satisfactory 2 Unsatis-factory.	14	Satisfactory

There are 13 houses not connected to the public supply mains and 9 of these are situate in Beaver Lane and 4 in Chart Road. 7,557 houses are connected to the public mains.

The Mid-Kent Water Company.

(i) Barham

This water is taken from the chalk, the well being about 200 feet deep. It is pumped to Hastingleigh Reservoir (capacity 500,000 gallons) from where it reaches the Kennington supply network.

(ii) Charing.

This water is obtained from the greensand and the borings are approximately 160 feet deep. It is pumped to Fairbourne and Charing Hill Reservoirs (capacity 1,000,000 and 283,500 gallons respectively). These reservoirs afford a subsidiary or auxiliary supply to Kennington.

Samples

Monthly bacteriological and quarterly chemical samples are taken. These, during the year were Class 1 waters bacteriologically and were chemically of good organic quality.

2. Drainage and Sewerage.

There was no major development during the year.

Total number of Inhabited Houses (including Flats) is	7,570
Total number of houses connected to the sewers	7,354
Number of houses not connected to the sewers	216

3. Swimming Baths.

The Ashford Urban District Council Public Bath was in full use during the season. The water is chlorinated by a break-point chlorinator and there is also an electric suction sweeper for cleansing the basin of the bath. The size of the bath is 100 x 25 yards, and its capacity 600,000 gallons. Regular samples of the water were sent for bacteriological examination, and all were satisfactory (B.Coli, presumptive, absent in 100 cc.s.).

4. Eradication of Vermin.

The number of houses found to be infested with vermin was as follows:-

	Bugs	Fleas
Council Houses	1	-
Other Houses	9	4

All these premises were disinfested by means of 5% D.D.T. in Kerosene in spray form. This form of disinfestation proved very efficacious, as none of these houses needed a second treatment. The number of houses found to be infested with bugs has been steadily reduced each year and progress has definitely been made in the eradication of bugs from human dwellins, since the discovery of D.D.T.

Other forms of infestations occasionally dealt with included beetles, ants, earwigs and wasps.

5. Rats and Mice Destruction.

The destruction of these vermin continued throughout the year and 124 infestations of rats and 137 of mice were dealt with. Damp sausage rusk was the base bait and zinc phosphide the poison mostly used, and very successful results were achieved. Unpoisoned pre-bait is laid down for three days before the poison used. This is done to encourage the rats to feed at the points selected. Most of the infestations were small and only consisted of two or three rats and a few mice. The refuse dump at

Chilmington was treated regularly and the rat infestation there was kept to a minimum. The sewers also received attention and results were good. The number of rats in the sewers was small

6. Sanitary Inspection of the District.

Details of Inspection work carried out:-

	No. of Visits and re-visits
Bakehouses	60
Dairies	48
Slaughterhouses	421
Offensive Trades	4
Factories with Mechanical Power / Factories without Mechanical Power ...	201
Workplaces	16
Butchers' Shops	81
Fish Frying Premises	32
Other Food Shops	184
Food Preparing Premises	161
Ice Cream Vendors and Manufacturers ...	117
Rat and Mice Destruction...	789
Other Vermin	48
Housing Repairs	1,560
Housing-overcrowding	109
Tents, Vans and Sheds	25
Offensive Accumulations	10
Keeping of Animals	32
Dustbins	41
Drainage repairs	96
Drainage cleansing	74
Sanitary Accommodation	103
Shops Act	297
Water Samples	33
Milk Samples	58
Ice Cream Samples...	40
Infectious Diseases	25
Smoke Abatement	24
Water Supply	28
Miscellaneous	417
Total Number of Visits	5,134

Work Completed.

Wash-hand Basins	-
Brickwork Repiared	21
Houses at which drains were repaired ...	17
Choked drains cleared	5
Intercepting traps fixed...	-
Gully traps fixed...	1
Inspection Chambers built, new covers provided...	2
Inspection Chambers built	1
Soil and vent pipes fixed or repaired ...	8
Water supply pipes repaired or renewed...	8
Sink waste pipes renewed or trapped ...	10
Sinks renewed	3

Work completed (Contd.)

W.C. pans fixed	2
Additional W.C.'s fixed	-
W.C. compartments ventilated	1
W.C. seats renewed	4
W.C.'s repaired and rebuilt	6
New flushing cisterns provided	8
Flushing cisterns repaired...	10
Roofs repaired	52
Eaves, Gutters and Fall Pipes repaired or renewed	39
Chimney pots replaced	2
Chimney stacks repaired	10
Outbuildings	2
Accumulations removed	-
Cesspools Emptied	2
Yard Paving renewed	1
Stoves repaired or renewed...	23
Rooms cleansed and/or disinfected... ...	3
Window frames repaired or renewed... ...	30
Sashcords	17
Wall and ceiling plaster repaired... ...	47
Dampness in walls remedied...	37
Dampness in floors	3
Wash coppers repaired, supplied or renewed	6
Doors repaired	24
Floors repaired	15
Staircases repaired...	1
Sub-floor ventilation	2
Sanitary bins provided	1
Miscellaneous	5
Fences	1

FACTORIES ACT, 1937

1. Inspections for purposes of provision as to health (including inspection made by Sanitary Inspectors).

Premises (1)	Number on Register (2)	Inspections. (3)	Number of Written Notices (4)	Occupiers Prosecuted (5)
i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	34	40	17	-
ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	133	149	10	-
iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises). ...	11	12	1	-
Total	178	201	28	-

2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were found: Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	Number of cases in which Prosecutions were Instituted (6)
Want of cleanliness (S.1) ..	12	12	-	-	-
Overcrowding (S.2) ...	-	-	-	-	-
Unreasonable Temperature (S.3)	-	-	-	-	-
Inadequate Ventilation (S.4)	1	1	-	-	-
Ineffective drainage of floors (S.6) ...	-	-	-	-	-
Sanitary Convenience ...					
(a) insufficient ...	2	2	-	1	-
(b) unsuitable or defective ...	10	10	-	1	-
(c) not separate for sexes	2	2	-	1	-
Other offences against the Act (not including offences relating to outwork)	-	-	2	-	-
Total	27	27	2	3	-

SECTION D.

Housing

The number of dwellings completed during the year was as follows:-

	1950	1946 - 50 (Inclusive)
(1) Prefabricated temporary bungalows	-	144
(2) New permanent houses		
Willesborough (Osborne Road Estate)		
(a) 2 bedroom type	-	28
(b) 3 bedroom type	-	175
(c) 4 bedroom type	-	4
(d) 3 bedroom flat	1	1
South Ashford (Woolreeds Estate)		
(a) 3 bedroom type	100	277
(b) 4 bedroom type	4	17
(3) Flats		
Woolreeds Estate		
(a) 2 bedroom flats	4	4
(b) bed-sittingroom flats	4	4
Waterside House and East Stour Farm	-	13
(4) Hutment Units, Stanhope Camp. (temporary accommodation)	-	43
Total number of dwelling units provided by the Council	113	660
(5) Houses completed by private enterprise	20	61

At the time of writing, the following is an approximate estimate of the numbers and size of the families on the waiting list.

		Actual No. Registered.	Estimated "effective" No.
(1)	No children	387	304
(2)	One child	381	323
(3)	Two children	143	111
(4)	Three children	61	44
(5)	Four children	33	22
	Totals	1,005	804

It will be noted from these lists that although 660 dwelling units have been provided by the Council since the last war, and in addition 61 licences issued for completed private dwellings, making in all a total of 721 dwelling units, there is at present an estimated number of 804 families who require houses. It is apparent that the need is greatest in respect of the no children and one child group and of course there will always be a need for suitably sized houses for these groups. Excluding the 144 prefabricated dwellings, 28 two bedroomed houses have been built, and it is obvious that many more will need to be planned.

The table "Work Completed" shows the repairs effected in other houses during the year.

SECTION E.

Inspection and Supervision of Food.

Milk Supplies.

There are in the Urban District 4 Producer Retailers and 6 Producers. Of these Producers 6 produce Tuberculin Tested Milk, 1, Accredited and 3 undesignated milk. There are 11 registered distributors of milk.

Dairies are regularly inspected to ensure that the standards prescribed by the Milk and Dairies Regulations 1949 are maintained. Samples of milk are taken regularly from diaries and with 2 exceptions all were satisfactory. Periodic samples of milk are taken for examination for the presence of Tubercle Bacilli and during the year 22 such samples all gave negative results.

In addition samples are taken regularly under the Milk Testing Scheme of the Ministry of Agriculture, whose Regional Laboratory is situated in this District.

During the year, the following samples were taken for bacteriological examination:-

	Satisfactory.	Unsatisfactory
Tuberculin Tested ...	4	-
Undesignated ...	16	2
Pasteurised ...	4	-

Ice Cream

Licences for the sale of ice cream are granted by the Council under the Food and Drugs Act, 1938. Scrupulous cleanliness of personnel, of premises and equipment are essential to satisfy the standards of the Methylene Blue Test. In particular an adequate supply of hot water should be conveniently accessible for keeping the hands well cleansed. It is not generally appreciated that dangerous organisms may be transferred from the hands to food products. Regular inspection is done to ensure that the highest standards are maintained. Ice cream is an extremely popular food product and if strict hygiene is not observed during its production and sale, the organisms of food poisoning or of other enteric diseases might be introduced at any time and cause a serious epidemic.

45 shops sell pre-wrapped ice cream only.
7 shops and cafes sell unwrapped ice cream in addition to wrapped.

Eighteen samples of ice cream were taken during the year and the reports showed that none contained any pathogenic organisms.

Meat and Other Foods.

Unsound Food (Food and Drugs Act 1938)

Unsound Food Surrendered

	lbs.		lbs.
Ham	112¼	Custard Powder	1½
Brawn	¾	Ice Cream	180
Tongue	1	Sugar	46
Kidney	1	Butter	34½
Veal Loaf	41¾	Cake Mixture	47¾
Bacon	88¾	Cake	14
Stewed Steak	9½	Confectionery	89
Luncheon Meat	141	Milk Powder	224
Fish	537½	Sausages	53
Cheese	3	Tinned Milk	743¾
Flour	113	Vegetables	150¼
Pork	4½	Soup	20¾
Tea and Coffee	¼	Fruit	173
Prunes	1	Puddings	¾
Fruit Juices	2½	Tomatoes	70½
Jam	60¼	Pickles and Sauces	23¼
Marmalade	14½	Paste	61¾
Spaghetti	31¼	Fish Cakes	10½
Rabbit	4½	Pudding Mixture	189¼
Peanut Butter	¾	Pie	1½
Fat	8	Mincemeat	1¾

Total weight condemned : 1 ton 9 cwts. 2 qtrs. 9¾ lbs.

Twenty-six registered food-preparing premises, and shops, stalls and vehicles, etc., where food is sold were frequently inspected for unsound food.

No cases of food poisoning were notified during the

year which in view of the increased extent of communal feeding and the reliance of many housewives on obtaining unrationed meat to eke out the meat ration, is very satisfactory.

Meat Inspection.

Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ...	706	258	503	2,422	175
Number inspected ...	706	258	503	2,422	175
All diseases except Tuberculosis:-					
Whole carcases condemned	4	7	11	23	6
Carcases of which some part or organ was condemned ...	180	107	13	157	42
Percentage of the number inspected affected with disease other than tuberculosis	26.06	44.19	4.75	7.43	27.43
Tuberculosis only:-					
Whole carcases condemned	2	8	1	-	1
Carcases of which some part or organ was condemned ...	54	62	-	-	21
Percentage of the number inspected affected with tuberculosis ...	7.93	27.13	0.2	-	12.57

During the year a special routine examination of cattle was continued for the detection of cysticercus bovis (more commonly known as "Measles" in beef). A number of carcases were subsequently found to have one or two **C.bovis** and the carcases concerned, in appropriate cases, were detained for a period of cold storage which effectively kills any parasites and renders the meat safe. No instances of a generalised condition were found.

Diseases and Abnormal Conditions Found in Animals Slaughtered for Food at Ashford During 1950

Disease	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
(a) Necessitating rejection as unfit for human consumption of whole carcases and organs:					
Tuberculosis	2	8	1	-	1
Emaciation associated with disease	2	3	-	13	-
Oedema	-	3	2	2	-
Sapraemia	1	-	-	-	1
Septic Metritis	-	-	-	2	-
Pyaemia including umbilical pyaemia and associated conditions	1	1	6	-	-
Fever	-	-	1	1	1
Perforated Peritonitis	1	-	-	-	1
Septic Mastitis	-	-	-	3	-
Septic Pericarditis	-	-	-	1	-
Decomposition (delayed evisceration)	-	-	1	1	-
Immaturity	-	-	1	-	1
Acute Erysipelas	-	-	-	-	1
Jaundice	-	-	-	-	1
(b) Necessitating rejection as unfit for human consumption of part(s) or organ(s) of animals:					
Tuberculosis	85	118	-	-	21
Actinomycosis	22	14	-	-	-
Bruising	7	6	-	11	12
Localised Inflammatory conditions	51	31	9	52	34
Distomatosis	121	55	-	25	-
Angiomatosis	16	53	-	-	-
Rheumatoid Arthritis	-	-	-	9	2
Parasitic infestation (including cysts)	19	4	-	45	2
Unclassified	13	11	2	10	12
Melanosis	1	-	1	-	-
Neoplasms	-	2	-	2	-
Dropsical	-	1	-	-	1

Prevalence and Control over Infectious Disease

1. Scarlet Fever.

Twenty cases were notified during the year. This comparatively large number was due to an outbreak which occurred in a Residential/Day School where there was a total of sixteen cases, who were all admitted to the Infectious Diseases Hospital. It was assumed that the outbreak was initially caused by a girl boarder who was seen to have a profuse desquamation of the skin and who had not reported her illness, which was probably mild, to the School Nurse or Medical Officer. Eventually it was considered necessary to take swabs of nose and throat from the entire personnel (approximately 600 in number) of the school. Only three swabs,were, however, positive. The girls concerned were quarantined, were given appropriate treatment and released after three negative swabs. By agreement with the School Authorities the school was closed one week prior to the end of term, which almost coincided, and no further cases occurred. The outbreak was interesting from two points of view, firstly that the Haemolytic Streptococcus showed a predilection for the internal ear, twelve of the sixteen girls having suffered from Otitis Media and secondly in that only three of the approximate 1,200 swabs which were taken by the medical staff of the County Laboratory and cultured with a minimum of delay, were positive.

2. Measles.

This disease which is of world-wide distribution and which was described by an Arab Physician in the 10th Century, is endemic in Britain and never fails to reveal itself from year to year amongst the child population. It has been estimated that nationally only about 60% of cases are notified, which implies that there are many mild or missed cases whose parents do not consult the family practitioner. Apart from these cases as a source of infection, the disease is most infectious in the pre-eruptive phase before the parents realise that the child is going to suffer from measles and no precautions are accordingly taken. It is therefore impossible to control the disease and in 1950, 311 cases were notified. Fortunately it is not a killing disease, like Diphtheria, but its complications such as bronch-pneumonia and encephalo-myelitis, and mastoiditis can be very dangerous. In fact there was one death and this was due to Encephalo-myelitis.

3. Whooping Cough.

There was also a minor epidemic of this distressing illness, 66 cases being notified. Like Measles, it is almost impossible to control, in that the catarrhal stage which lasts for about one week before the paroxysms and characteristic whoops occur, is very infectious, droplets containing the causal organism (Haemophilus pertussis) being widely disemminated in places like class-rooms and nurseries.

It is difficult to diagnose the disease in this stage apart from the use of the cough culture-plate which is not commonly practicable in the field, and parents who may even suspect its onset usually do not call in the practitioner until the whoop occurs. By this time the damage of infection is done. Isolation which is so important a step in the prevention of infection should be effected as soon as possible for five weeks from onset.

Active immunisation with vaccines is still very uncertain. The vaccines commonly used vary in antigenic potency and effective immunisation which takes about two months to develop, cannot be definitely promised.

4. Acute Poliomyelitis.

There was one case of this disease the patient being a boy aged three years, who made a satisfactory recovery. Fortunately there were no other cases. It is interesting that the patient was away from the district during the time when he was likely to have contracted the infection but there were no cases at that time in the town in which he spent most of his time. It is therefore unknown from which place he was likely to have become infected. There is, of course, a number of abortive or mild cases and healthy carriers who escape unrecognised and who it is presumed, similarly, to the epidemiology of other infectious virus diseases, disseminate infection.

Notifiable Diseases During the Year, 1950.
(Civilian Population Only)

Disease	Total Cases Notified	Cases admitted to Isolation Hosp.	Total Deaths.
Scarlet Fever ...	20	18	-
Whooping Cough ...	66	-	-
Erysipelas ...	-	-	-
Measles ...	311	2	-
Pneumonia ...	7	-	-
Acute Poliomyelitis...	1	1	-

Analysis Under Age Groups.

Disease	Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Unknown
Scarlet Fever	-	-	-	-	1	4	5	10	-	-	-	-	-
Whooping Cough	7	5	11	13	9	16	4	-	-	-	-	-	-
Measles	4	15	47	39	32	149	12	3	4	1	1	-	5
Acute Pneumonia	-	-	2	-	-	-	1	1	-	2	1	-	-
Acute Poliomyelitis	-	-	-	1	-	-	-	-	-	-	-	-	-

Immunisation against Diphtheria, 1950.

The following is a return of the number of children resident in the Urban District of Ashford under the age of 15 years on 31st December, 1950, who had completed a course of immunisation at any time before that date, (i.e., at any time since 1st January, 1936).

Year of Birth.	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	Total
	173	191	235	223	211	205	274	265	391	417	363	363	305	197	31	3,844

Immunisation against Diphtheria and Vaccination against Smallpox, 1950.

The following is a return of (A) the number of children resident in the Ashford Urban District who were immunised against diphtheria and (B) the number of persons who were vaccinated against smallpox, during the year ended 31st, December, 1950:-

(A) DIPHTHERIA IMMUNISATION

Year of Birth	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	Total
Primary Inoculations	31	159	26	9	3	7	10	1	1	-	2	1	1	1	-	252
Immunised 1949 and received in 1950.			2													
Reinforcing Inoculations					9	120	57	10	6	2	4	4	2	2	2	218

(B) VACCINATION

Age at 31st December, 1950	Under 1	1 to 4	5 to 14	15 or over	Total
Number Vaccinated	130	81	10	15	236
Number Re-Vaccinated	-	2	12	37	51

Public Health (Prevention of Tuberculosis) Regulations, 1925 and Public Health Act, 1936 (Section 172).

No action was necessary during the year within the meaning of the above Acts.

Tuberculosis

New Cases and Mortality 1950

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
15	2	1	-	-	-	1	-	-
25	1	2	-	1	1	1	-	-
35	1	1	-	-	-	-	-	-
45	1	-	-	-	-	-	-	-
55	1	-	-	-	-	-	-	-
65 and upwards	1	-	-	-	4	-	-	-
Totals	7	4	-	1	5	2	-	-

It will be seen from the above table that 11 new cases of lung tuberculosis were notified in the year, exactly half of those notified in 1949. The annual average for many years has been 19. The fall in the number of new cases is encouraging but it would be illogical to attribute this fall to any single factor and until the fall is maintained to attempt to analyse the reasons. There is a serious shortage of sanatorium beds and of nurses and until this deficiency is remedied the public at large will be exposed to many ambulant infectious cases who are being treated at home. There is also a number of infectious cases who do not consult their doctor until the disease is well advanced. It is also significant that there were two deaths from pulmonary tuberculosis registered, of patients aged 31 and 75 years who had not been notified, and who were presumably a chronic source of infection to others.

There was only one case of non-respiratory tuberculosis viz. of peritoneum, notified. The production, distribution and sale of milk are well supervised to ensure a clean safe milk, but this cannot be guaranteed as being absolutely safe until all milk is pasteurised.

The dwellings of patients are regularly inspected to ensure that the conditions are hygienic and where appropriate re-housing in Council houses is recommended.